CERTIFIED NUMBER:

7003 1010 0001 9876 5958

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2290

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

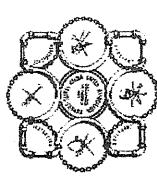
2. Fiscal Year Covered From:

•	7 / 2 / 2005 Through: 12/31/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Randall W Brown	Name Plumbers & Steamt. Hers L.U. 136
Burging Littlenbook (1974 -   Bulliote Cores introduced) - Frank Cores (1974 -   Frank Associate) Oblive Strange Language (1974 - 1974	Labor Organization File Number 043-439
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
treet 5408 West Haven DR.	Street 2300 St. Joe IND. P.C. DR.
ity Evansuille	City Evansuille, FN4720
tate [IN] ZIP Code + 4 477220-34	3State /N ZIP Code + 4 4 7720-12
Position in labor organization.	19e (C),
te consistent and the second and the	The state of the s
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
Heid an interest in, engaged in transactions (including loans) with, or onetary value from an employer whose employees your organizations.	derived income or other economic benefit of ion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
lame	
rade Name, if any:	
Subsidia subsidies qui la plata de deministration de social deministration de la deministrati	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Greet	
Xity	
State ZIP Code + 4	Personalist is neutral mort industry and an overstanding an equipment and the first security of the security o
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the
D 100	2/10/2012/1/201
Signed Many (Hown	On 2/18/2006 8/2-423-4386  Date Telephone Number
rm LM-30 (2003)	Page 1 of 2

Name of Person Filing Randall" W. Brown		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise	5
8. Name and address of Business (including trade name, if any).  Name Plumber & Pipe Fitters National Featrade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Plante As It Pope F. Heas Nat   Pen Fand Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 103 DABNOCO St.  City Alexandase State VA ZiPCode + 4 22314- 2047	Pension Be OF the lab represent 11.b. Approximate dollar valu 12.a. Nature of interest hele Reimburg	TRust provides  Nef.'ts for employees  on organization I  L  eof such dealing.  d or income received.  Sement of Meeting
	12.b. Amount.	581-86
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.b. Amount of payment.	
13.b. is the Business an Employer or Consultant ?	···· ··· ··· ·· ·· ·· ·· ·· ·· ·· ·· ··	

Name of Person Filing Randall "W BROW,	J File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Truet  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Plumbells of Pipe Fittels Nat. Pen Fu  Trade Name, if any: PPNF  P.O. Box, Bidg., Room No., if any  Street 103 Ono No Co 5t  City Alexandria  State JA ZIP Code +4 22314- 2047	11.a. Nature of such dealing.  If the Plan/Trust provides pension benefits for employed of the labor organization I represent  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursement of Meeting Expenses.  June 15, 2005
	12.b. Amount. 905.75
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name (	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZiP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Randall" W. Brow	ار File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in- dealing with your labor organization or with a trust in which your labor organiza-	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Lend The Plan / Thust provides  pension benefits For employees  of the labor organization I  represent.
Street 103 Oronoco Street	11.b. Approximate dollar value of such dealing.
city Alexandria	12.a. Nature of interest held or income received.
State UA ZIP Code +4 22314 _ 2947	Reimbursement of Meeting Expenses. March 14, 2005
	12.b. Amount. 842.51
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Indicated the second of	
City	
State ZiP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14,b. Amount of payment.



## PPNPT - DOS

FY 2005 Accounts Payable

VENDOR: 20050228 Account
ENDOR: TR-R 20050225 Account Number
TR-RWB
F RWB
RAND 2/25
RANDALL W. BROWN 2/25/2005
PLU
PLUMBERS AND PIPEPITTERS NATIONAL PENSION FUND  NN 38937 3/ AND
10 PIPEFITTE
TTERS NA.
38937 AONA
ALEAN 58
NFUND 3/2/201 581.86
Check Total
OK NO.
UZIZZOOS CHECK NO. 38937
8937 5811 5811
581.86 581.86
 ar ur

Copy of Archive\_PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND\_Copy of Archive O Void Check Log

O Edit Register Ocheck Register Mlsc. Debit Journal O Purchase Journal O Advisers

Auditors

C Legal Expenses O General Expenses

O Vold Checks

O Taxes ○ Refunds

Local

Expenses

○ Mergers

GIL Posting Report

O Sep. O Aug. OJuly

O Jan. O Feb.

> O May O April

O June

O Dec. O Nov. Date

O March

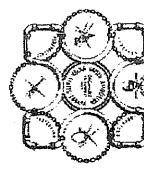
O Oct.

Type

Registers

Trustee Expenses





## PPNPT - DSS

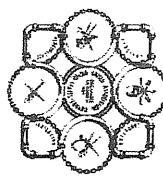
FY 2005 Accounts Payable

VENDOR: 20050314 Account Number 3/14/2005 PLUMBERS AND PIPERITTERS NATIONAL PENSION FUND 842,51 842.51 3/23/2005 CHECK NO. 39065 Check Total 842.51 842.51

O General Expenses ○ Advisers Legal Expenses O Auditors O Void Checks Refunds Trustee Expenses O Taxes Expenses ○ Mergers Local O Edit Register O Purchase Journal **○** G\L Posting Report O Void Check Log ○ Check Register O Misc. Debit Journal Type Registers O Aug. OJuly O Sep. O Oct. O Nov. O Feb. O Jan. O Dec. Date O May O April O June O March

Copy of Archive\_PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND\_Copy of Archive





## PPNPF - DSS

VENDOR: Account Number 20050615 Expenses 6/15/2005 PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND 905.75 905.75 E/17/2005 CHECK NO. 39547 Check Total 905.75 905.75

O Advisers

○ Auditors

C Legal Expenses O General Expenses

O Void Checks

○ Taxes Refunds

Local

○ Mergers

Trustee Expenses

O Edit Register ○ Check Register

O Void Check Log

O Misc. Debit Journal

O Sep.

O May O April

O Oct.

O Feb. O Jan.

O June

O Purchase Journal OGIL Posting Report

Type

Registers

Date

OJuly O Aug.

O Nov.

O March

O Dec.

